

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/570,485-Conf. #9937
	Filing Date	March 3, 2006
	First Named Inventor	Eishin Kato
	Art Unit	1655
	Examiner Name	Q. Mi
	Attorney Docket No.	80110(302725)

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:
OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone				Email	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 42,266.
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature /James E. Armstrong, IV/Typed or Printed Name James E. Armstrong, IVDate June 18, 2009Telephone (202) 478-7375

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 18, 2009

Electronic Signature for James E. Armstrong, IV: /James E. Armstrong, IV/